

Senator Patrick Burns Legacy Scholarship Application

Deadline for Submitting Applications: Monday February 9th, 2026

(ONLY SUCCESSFUL CANDIDATES WILL BE CONTACTED)

The Senator Patrick Burns Legacy Scholarship is awarded to high school students living in low-income circumstances, who seek assistance with post-secondary training or education expenses.

To Apply You Must Be:

- Currently residing in Calgary and have lived in Calgary for at least the past six months
- Attending a Calgary based high school
- Under 21 years of age
- Graduating by June and planning to attend post-secondary in the fall (September).
- From a low-income household
- Entering an accredited post-secondary institution (e.g. university, college, trade school, etc.)

This scholarship is for post-secondary programs running in the 2026-2027 academic year. You can find the scholarship application form attached below. Please fill it out and send it back with copies of the following documents:

Supporting Documents Needed:

- High school counsellor's completed referral form
- Letter outlining post-secondary education plans
- Grade 10 – 12 transcripts
- Proof of Income
 - Your own income if you live independently
 - Your parent(s)/guardian(s) income if you live with them
- Proof of rent or mortgage payments

If you don't have the documents listed, don't worry! Fill out the application to the best of your ability and reach out to us. We can help you find other ways to show your financial situation.

If you have any further questions or concerns about this application process or the scholarship, please contact Larasha Farrington at:

T: (587)-392-8256 | F: (403) 233-0513 | Email: Larasha.farrington@burnsfund.com | www.burnsfund.com

Student Information

FIRST & LAST NAME		PREFERRED NAME	
BIRTHDATE (DD/MM/YYYY)	AGE	PRONOUNS	EMAIL
ADDRESS	UNIT/APT #	CITY	POSTAL CODE
CELL PHONE NUMBER	HOME PHONE NUMBER		
SOCIAL INSURANCE NUMBER	HOW LONG HAVE YOU LIVED IN CALGARY		

Current Education Information

HIGH SCHOOL CURRENTLY ATTENDING	GRADE	EXPECTED GRADUATION DATE
HAVE YOU PREVIOUSLY RECEIVED SUPPORT FROM A BURNS MEMORIAL FUND PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, IN WHAT YEAR(S)?

Post-Secondary Education Information

- | | | |
|--|---------------------|--------------------------|
| NAME OF INSTITUTION WHERE YOU HAVE APPLIED | PROGRAM/MAJOR | |
| INSTITUTION LOCATION (CITY/PROVINCE/COUNTRY) | EXPECTED START DATE | HAVE YOU BEEN ACCEPTED?* |
- | | | |
|--|---------------------|--------------------------|
| NAME OF INSTITUTION WHERE YOU HAVE APPLIED | PROGRAM/MAJOR | |
| INSTITUTION LOCATION (CITY/PROVINCE/COUNTRY) | EXPECTED START DATE | HAVE YOU BEEN ACCEPTED?* |
- | | | |
|--|---------------------|--------------------------|
| NAME OF INSTITUTION WHERE YOU HAVE APPLIED | PROGRAM/MAJOR | |
| INSTITUTION LOCATION (CITY/PROVINCE/COUNTRY) | EXPECTED START DATE | HAVE YOU BEEN ACCEPTED?* |

HAVE YOU APPLIED FOR, OR RECEIVED, ANY OTHER SCHOLARSHIPS OR BURSARIES FOR THE UPCOMING ACADEMIC YEAR? IF YES, PLEASE PROVIDE DETAILS:

*If you have been accepted to a post-secondary institution, please provide a copy of the acceptance letter with this application.

Student Financial Information

Please fill in the following information about your current employment:

COMPANY NAME	JOB POSITION
HOURLY RATE	MONTHLY INCOME

PREVIOUS EMPLOYMENT WITHIN THE PAST YEAR (EX. SUMMER JOB OR PART-TIME EMPLOYMENT):

NOTE: COMPLETE THE SECTION BELOW ONLY IF YOU ARE LIVING INDEPENDENTLY AND NOT WITH PARENTS/LEGAL GUARDIANS

Monthly Expenses

RENT / MORTGAGE	
UTILITIES (ELECTRIC / WATER / GAS)	
PHONE	
FOOD	
TRANSPORTATION	
DAY CARE / BABYSITTING	
CLOTHING	
PERSONAL CARE	
TOTAL FIXED MONTHLY EXPENSES:	

Monthly Income

NET PAY FROM EMPLOYMENT	
GOVERNMENT BENEFIT PAYMENTS (CANADA CHILD BENEFIT, ORPHAN'S BENEFIT, ETC.)	
SUPPORT PAYMENTS FROM PARENTS OR OTHER FAMILY	
OTHER INCOME (PLEASE SPECIFY):	
TOTAL FIXED MONTHLY INCOME:	

ATTACH PROOF OF ALL INCOME, SAVINGS, AND RENT

Required Documentation	Documents Accepted
Income (employment, parental support, etc.)	<ul style="list-style-type: none"> 1-month bank statement (provide even if income is \$0)
Rent	<ul style="list-style-type: none"> 1-month bank statement, or Lease agreement, or Letter from person you live with confirming your rent or household contributions

NOTE: If you live independently, please proceed to page six (6) of the application. If you live with parents or guardians, please proceed to page 4 of the application.

Family Financial Budget

NOTE: COMPLETE THIS PAGE ONLY IF YOU ARE LIVING WITH PARENTS / LEGAL GUARDIANS

Monthly Expenses

RENT / MORTGAGE	
PHONE	
UTILITIES (ELECTRICAL / WATER / GAS)	
FOOD	
VEHICLE COSTS (GAS AND MAINTENANCE)	
TRANSIT PASSES	
DAY CARE / BABYSITTING	
MEDICAL	
EDUCATIONAL	
HOUSEHOLD	
OTHER:	

DEBTS/LOANS:

TYPE	TOTAL \$ OWED	MONTHLY PAYMENT

TOTAL MONTHLY EXPENSES:

Monthly Income

NET PAY FROM EMPLOYMENT	
CANADA CHILD BENEFITS	
SOCIAL ASSISTANCE (AISH, INCOME SUPPORT, ETC.)	
EMPLOYMENT INSURANCE	
PENSION	
CHILD SUPPORT (CHILD MAINTENANCE PAYMENTS)	
OTHER:	

TOTAL MONTHLY INCOME:

ASSETS VALUE

VEHICLES	
RRSP	
SAVINGS	
OTHER:	
TOTAL ASSETS:	

ATTACH PROOF OF ALL INCOME for the income and expenses that apply to your parents/guardians.

Income/Expenses	Documents Accepted
Employment Income	• Paystubs, or 1-month bank statement
Canada Child Benefits (CCB)	• CCB statement, or 1-month bank statement
Social Assistance (AISH, Income Support, etc.)	• Social assistance statement, or 1-month bank statement
Employment Insurance (EI)	• EI statement, or 1-month bank statement
Pension	• Pension statements, or 1-month bank statement
Child Support	• Child maintenance payment statement, or 1-month bank statement
Other (disability, rental income, family support, etc.)	• Relevant income statement, or 1-month bank statement
Housing (rent or mortgage)	• Lease agreement/mortgage statement, or 1-month bank statement
Savings (must be disclosed)	• Most recent statement(s) showing current balance

We Do Not Accept: Notice of Assessments (NOAs) or T4 slips

Additional Supporting Documents

1. Write a letter outlining:

- Your post-secondary education plans, including:
 - i. Your proposed area of study and career plans;
 - ii. Length of program; and
 - iii. How you plan to fund your education.
- Your recent extracurricular activities, volunteer involvement, or employment.
- Your financial circumstances which require you to apply for a scholarship.

Note: This letter is an important part of the application. Please use it to tell us your story and explain why you are a strong candidate for this scholarship.

(We recommend a one-page letter)

- 2. Ask your counsellor for a copy of your grade 10 - 12 transcripts (completed and pending).**
- 3. Ensure that your high school counsellor completes and submits a “Counsellor Referral Form” on your behalf.**

Legal Declaration of Applicant

I hereby make my application for financial assistance from the Burns Memorial Fund’s Scholarship Program, and I declare that:

- a) I am under 21 years of age and a resident of the City of Calgary;
- b) If my circumstances as outlined in this application should change, I will notify the Burns Memorial Fund Scholarship Program in writing;
- c) I have truthfully and fully disclosed my financial situation to the best of my knowledge;
- d) I consent to the disclosure of relevant and required details related to this application between the institution(s) named in this application and Burns Memorial Fund upon request;
- e) I give my expressed consent to be contacted via email by the Burns Memorial Fund. (If you do not wish to give your expressed consent for email correspondence, please let us know at unsubscribe@burnsfund.com);
- f) I have answered all questions applicable to me, and all information is true and complete in every respect;
- g) I make this declaration conscientiously believing it to be true and complete, and of the same force and effect as if made under oath;

SIGNATURE OF STUDENT

DATE (DD/MM/YYYY)

Please scan and email your completed application form and all other required documents to: Larasha.farrington@burnsfund.com

If you have any further questions or concerns about this application process or the scholarship, please contact Larasha Farrington at:

T: (587)-392-8256 | F: (403) 233-0513 | Email: Larasha.farrington@burnsfund.com | www.burnsfund.com

Senator Patrick Burns Legacy Scholarship Application
Counsellor Referral Form

The Senator Patrick Burns Legacy Scholarship is awarded to high school students living in low-income circumstances, who seek assistance with post-secondary training or education expenses. To apply, applicants must submit a completed application, including a counsellor referral form.

To Apply Applicants Must Be:
<input type="checkbox"/> Currently residing in Calgary and have lived in Calgary for at least the past six months <input type="checkbox"/> Attending a Calgary based high school <input type="checkbox"/> Under 21 years of age <input type="checkbox"/> Graduating by June and planning to attend post-secondary in the fall (September). <input type="checkbox"/> From a low-income household <input type="checkbox"/> Entering an accredited post-secondary institution (e.g. university, college, trade school, etc.)

This referral form is to be completed by the applicant's counsellor.

Please submit a copy of this form by

Monday, February 9th, 2026 to Larasha.farrington@burnsfund.com

If you have any further questions or concerns about this application process or the scholarship, please contact Larasha Farrington at:

T: (587)-392-8256 | F: (403) 233-0513 | Email: Larasha.farrington@burnsfund.com | www.burnsfund.com

STUDENT'S FIRST & LAST NAME:	
EXPECTED GRADUATION DATE:	HIGH SCHOOL NAME:
FULL NAME OF COUNSELLOR:	
EMAIL ADDRESS:	PHONE NUMBER:

Referral form continued on next page.

Senator Patrick Burns Legacy Scholarship Application
Counsellor Referral Form

Please provide comments on the following areas to support the student's referral to the Scholarship program:

- School performance (including attendance and academic performance)
- Personal circumstances (including financial need or other relevant challenges)
- Any additional factors that have led you to refer this student to the Scholarship Program

WHY ARE YOU RECOMMENDING THE STUDENT FOR THE SENATOR PATRICK BURNS LEGACY SCHOLARSHIP?

All the information I have provided in this referral form is true to the best of my knowledge. By signing below, I give my expressed consent to be contacted via email by the Burns Memorial Fund. If you do not wish to give your expressed consent for email correspondence, please let us know at unsubscribe@burnsfund.com. Burns Memorial Fund follows legislated guidelines for privacy.

SIGNATURE

DATE (DD/MM/YYYY):